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23446		Certificate of Mailing or Transmission					
MCANDREW 500 WEST MAI SUITE 3400	I I St ad tra	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
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							(Signature)
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTOR	RNEY DOCKET NO.	CONFIRMATION NO.
10/606,565 06/26/2003		Nambirajan Seshadri	shadri 14169US02			4707	
IITLE OF INVENTION (WAPS)	I: SYSTEM AND METH	HOD FOR PROVIDING	A MESH NETWORK U	SING A PLURALI	TY OF V	WIRELESS ACCESS	S POINTS
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	E PREV. PAID ISSU	JE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	06/28/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS				
WONG, BLANCHE		2476	370-331000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Broadco	m Corporati	Lon	US				
Please check the appropr	riate assignee category of	r categories (will not be p	rinted on the patent):	Individual 🖾 C	Corporatio	on or other private gr	oup entity Government
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
Issue Fee  Description Fee (1)	No small entity discount	☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of Copies			☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-0017 (enclose an extra copy of this form).				
	ntus (from status indicate	•	b. Applicant is no l	onger claiming SMA	ALL ENT	ΓΙΤΥ status. See 37 C	FR 1.27(g)(2).
NOTE: The Issue Fee ar interest as shown by the	nd Publication Fee (if req records of the United St	puired) will not be accepto ates Patent and Trademar	ed from anyone other tha k Office.	n the applicant; a reg	gistered a	attorney or agent; or t	he assignee or other party in
Authorized Signature	/Ognyan	I. Beremski		Date Jur	ne 28	3 <b>,</b> 2010	
Typed or printed name Ognyan I. Beremski			Registration No. 51, 458				
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